

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/038939

FILING DATE

09/19/07

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1									
2										
3										
4										
5	Canceled									
6										
7										
8										
9										
10										
11										
12										
13										
14										
15	1									
16	Canceled									
17										
18										
19										
20										
21										
22	Canceled									
23	2									
24										
25										
26	Canceled									
27										
28										
29										
30										
31										
32										
33										
34	Canceled									
35	1									
36	Canceled									
37	1									
38	Canceled									
39										
40										
41										
42										
43										
44										
45										
46										
47	1									
48										
49										
50										
TOTAL IND.	4									
TOTAL DEP.	30									
TOTAL CLAIMS	34									
TOTAL IND.	4									
TOTAL DEP.	71									
TOTAL CLAIMS	75									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS